BESAVAYEMBLE COPY

| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 07/82/(43) | | | | | | | nber Ye |
|---|------------------------------|--------------------------------|--------------|------------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY | | | | | | | |
| TOTAL CLAIMS | 10 | | RATI | FEE | 7 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC | EE 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | /5 minus 20= | . 2 | X\$ 9 | = | OR | X\$18= | |
| INDEPENDENT CLAIMS | ्द्र minus 3 = | Ø | X40= | | OR | X80= | 4-11 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +135 | | 1 | | |
| * If the difference in column 1 is | less than zero, ente | r "0" in column 2 | TOTA | | OR | +270= | - 1 |
| TOTAL OR TOTAL THAN | | | | | | 7/0 | |
| 7/1944 (Column 1) | (Colu | mn 2) (Column 3) | SMAL | LENTITY | OR | SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent 3 | HIGH NUM PREVI PAID | BER PRESENT DUSLY EXTRA | PATE | ADDI- TIONAL FEE | | RATE | ADDI- MONAL FEE |
| Total · 8 | Minus 0 | NO =0 | X\$ 9= | C. | OR | X\$18= | |
| Independent - 3 | Minus ••• | 3 = 9 | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MI | JUTIPLE DEPENDENT | CLAIM 4 | +135= | | ÓŘ | +270= | |
| , ,] .] | | | 101/ | L | | TOTAL | |
| 4/07/05 (Column 1) | (Colur | nn 2) (Column 3) | ADDIT, FE | E | jon, | ADDIT. FEE | • • • |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent Total | HIGH NUM PREVK PAID | BER PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 7 | Minus | 20 - | X\$ 9= | | OR | X\$18= | |
| Independent • 3 | Minus ••• | 3 = | X40= | 1 1 2 17 | OR | X80= | |
| FIRST PRESENTATION OF MI | JLTIPLE DEPENDENT | CLAIM | +135= | | OR. | .+270= | |
| | | | ADDIT. FE | | OR | TOTAL ADDIT: FEE | |
| (Column 1) | (Colum | | • | | | | |
| CLAIMS REMANNING AFTER AMENDMENT Total Independent Independent | NUM PREVIO PAID | BEA PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • | Minus | | X\$ 9= | | OR | X\$18= | |
| Independent • | Minus ••• | • | X40= | | | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |
| * If the entry in column 1 is less than the | e entry in column 2, write | . Land Mary 88 200 0 | TOYA | | OR | TOTAL | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | |
| ाळ ामुम्लका लखाइम्बर शाहरणायक्षेत्र शिक्ष | u ror (loweror independe | init) is the highest number fo | und in the a | ppropriate box | in coli | umn 1. | |